Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office, Indexed	
Audited	
Checked	
Computer	

WALL AN APPIAN BEARINGS THE OUT OF BEALLOT

**	ECEIVING THE GIFT OR BEQUES		
Public Safety			
Name of Department or Office 215 E. 7th Street	Dos Moines, IA 50319		
Mailing Address 515-723-6162	Cily, Stale, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RE	CIPIENT DEPARTMENT OR OFFIC	DE:	
Jeanic Flattery			
Name	A ## #################################		
Mailing Address (if different from	above)	City, State, Zip (If different from above	/e)
fishery@dps.state.ia.us Emall Address		Area Code & Telephone Number (If	different from above)
		AND CONTRACTOR OF THE CONTRACT	
ONOR OF GIFT OR BEQUE	ST:		
Cass County Attorney's Office	e Bev Groves		
Name			
5 W 7th Street	Atlantic, IA 50022		
Mailing Address	City, State, Zip Code	December 21, 2018	\$18,555.00
712-243-4504		Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Number	Γ	value is defined as "fair market valu	o" of item as determined by
		receiving department or office. If no	value mark *0.00*.
Email Address (optional)		· ·	
-			
Provide a description of the gift	or bequest and purpose thereof:		
To have eugipment in t	he southwest Iowa area to ima	age ACM modules for Collision I	nvestigations
Criteria to use this form:			
Ronaint of source or homeself	and the received by any denartment of the	state or received by the Governor on behalf o	if the state.
weeght or only flut of nedpest a	iat is received by any department or mo	atata ay saddina by allo continue on bolium a	, dis sidioi
tatement of Affirmation:			
Jeanie Flattery	ion that the old or begunet congred the	ve is accurate. I (urther affirm that the inform	stion concerning the donor and
	e (if applicable) is correct and true to the	best of my knowledge.	anon concoming the concrata
(1000)	and thate.	K-4	1-10
Juliu-16	awy		, , y
Signature	V		Date
V			